

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Dietetic Association Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00143560

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul A. Mifsud

Signature of Treasurer

Electronically Filed by Paul A. Mifsud

Date

07

15

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 12

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2010</span>		57589.89
(b) Cash on Hand at Beginning of Reporting Period .....	125622.56	
(c) Total Receipts (from Line 19) .....	26164.67	152723.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	151787.23	210313.39
7. Total Disbursements (from Line 31) .....	13632.72	72158.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	138154.51	138154.51
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 12

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1091.00	10089.00
(ii) Unitemized .....	25073.67	142634.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	26164.67	152723.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	26164.67	152723.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26164.67	152723.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26164.67	152723.50

## DETAILED SUMMARY PAGE

of Disbursements

4 / 12

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	4132.72	38882.88	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	4132.72	38882.88	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	33000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	276.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	276.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13632.72	72158.88	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13632.72	72158.88	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 12

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	26164.67	152723.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	276.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26164.67	152447.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4132.72	38882.88
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4132.72	38882.88

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeanne Blankenship

Mailing Address 6231 Jack Frost Ct

City

Rocklin

State

CA

Zip Code

95765-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Ca, Davis

Occupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: AF16D2A49D13444B68CD

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Nancy Rae Banda

Mailing Address 22960 Pavla Ct

City

Wildomar

State

CA

Zip Code

92595-9519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside County Reg Med  
Cntr

Occupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

Transaction ID: A822515F14B8C4851882

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Helen F. Lodge

Mailing Address 4106 Virginia Ave SE

City

Charleston

State

WV

Zip Code

25304-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Registered Dietitian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 0

Transaction ID: AD4A3E9FFED894549AC5

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Laura E. Hooper

Mailing Address 4867 Terrace Dr NE

City

Seattle

State

WA

Zip Code

98105-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seattle Children Organiza-  
tionOccupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	1	0

Transaction ID: A6668235701344FDC8B9

Amount of Each Receipt this Period

216.00

**B.**

Full Name (Last, First, Middle Initial)

Jeanne Blankenship

Mailing Address 6231 Jack Frost Ct

City

Rocklin

State

CA

Zip Code

95765-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Ca, DavisOccupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

Transaction ID: A961CBB774D9F40BA87E

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Ronni Chernoff

Mailing Address 10 Combonne Ct

City

Little Rock

State

AR

Zip Code

72211-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UamsOccupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: A6E0B687FA90446F7A3B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

491.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jane V. White

Mailing Address 1924 Alcoa Hwy

Cec/school Of Pharmacy Building

City

Knoxville

State

TN

Zip Code

37920-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Of Tennessee

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: ADFA360B1D6DF44D89F7

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jane Geders

Mailing Address 1 Cold Spring Ct

City

Mount Kisco

State

NY

Zip Code

10549-4752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mount Medical Group

Occupation  
Rd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: AD84099431135461DB14

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

1091.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Membership Marketing Services, Inc.

Mailing Address Attn. Fran Carille  
1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454-5689

Purpose of Disbursement  
ADAPAC Fundraising expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B8F775BE28ACB4D7BA48

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2010

Amount of Each Disbursement this Period

4132.72

SUBTOTAL of Disbursements This Page (optional) .....

4132.72

TOTAL This Period (last page this line number only) .....

4132.72

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Marcia Fudge for Congress	<b>Transaction ID:</b> BD1D26242B7214DBA88C <b>Date of Disbursement</b>
Mailing Address 3729 Silsby Road	<div> <div>06</div> <div>02</div> <div>2010</div> </div>
City State Zip Code University Heights OH 44118	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Rep. Fudge [D-OH]	<div>1500.00</div>
Candidate Name Rep. Marcia Fudge	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Braley for Congress	<b>Transaction ID:</b> B4908834FF20A4E14A88 <b>Date of Disbursement</b>
Mailing Address PO Box 390	<div> <div>06</div> <div>28</div> <div>2010</div> </div>
City State Zip Code Waterloo IA 50704	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Rep. Bruce Braley [D-1st-IA]	<div>1500.00</div>
Candidate Name Rep. Bruce L. Braley	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress	<b>Transaction ID:</b> BC0E372D32A964B1ABBF <b>Date of Disbursement</b>
Mailing Address 2371 Rayburn House Ofc BUILDING	<div> <div>06</div> <div>28</div> <div>2010</div> </div>
City State Zip Code Washington DC 20515	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Rep. Nancy Pelosi [D-CA-8]	<div>2500.00</div>
Candidate Name Rep. Nancy Pelosi	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<div>5500.00</div>
<b>TOTAL</b> This Period (last page this line number only) .....	<div></div>

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Cathy McMorris Rodgers for Congress

Mailing Address Cathy McMorris Rodgers for Congress  
Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Rep. McMorris Rodgers [R-WA]

Candidate Name  
Rep. Cathy McMorris Rodgers

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Transaction ID: B1CFC66407AEA4644BBF

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Moran for Kansas

Mailing Address Moran for Kansas  
PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement  
Rep. Moran[R-KS]

Candidate Name  
Rep. Jerry Moran

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS District: 01

Transaction ID: BC1C00CF6A369493998E

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Tonko for Congress

Mailing Address 911 Central Avenue  
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
Rep. Paul Tonko [D-21st-NY]

Candidate Name  
Rep. Paul Tonko

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 21

Transaction ID: B735C36F09BF34A9188B

Date of Disbursement

06 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Team Emerson for Jo Ann Emerson

Mailing Address PO Box 822  
400 Broadway, Ste 501

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement  
Rep. Jo Ann Emerson [R-8th-MO]

Candidate Name  
Rep. Jo Ann Emerson

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 08

Transaction ID: BEAFA709B3AB64BF18F9

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

9500.00